(1) PAYMENT REQUEST NO: _____

DATE: ____ / ____ / ____

(2) Contractor: _____ Address _____ Phone _____

(3) Index Code _____ (4) Direct Payment ____ Reimbursement ____ Wire Transfer ____ (5) Total _____

To: Supervisor Fiscal Unit , OCD   Address 140 West Flagler ST. # 1000 Miami FL 33130

Sub Object	Name	(6) Vendor Invoice Check #	Amount	(7) User Code /	(8) Amount		

CED   PROGRAM   INCOME

(9) Source	Type	Last Request Date	On Hand	Since Last Request Received	Disbursed	This Request On Hand
_____	NRLF	_____	_____	_____	_____	_____
_____	RLF	_____	_____	_____	_____	_____

I certify that substantially all program income received has been disbursed or will be disbursed within 3 days of this request in accordance with whichever provisions apply - 24 CRF Part 570.504 Program Income or the CED Contract or Both - and that the amount of this request is additionally needed to pay invoices as listed.

Attached you will find original invoices or canceled checks plus copies of paid invoices to substantiate the above expenditures. I certify that all goods and services have been received, that they all fall within the contractual scope of services and budget, and that these cost have not been paid previously by funding source.

(10)

_____
Authorized Signature

_____
Title   Date

DO NOT WRITE IN THIS SPACE
VOUCHER NO: _____
RESOLUTION NO: _____
INDEX CODE NO: _____
SUBOBJECT NO: _____
USER CODE NO: _____
VENDOR NUMBER _____
PROJECT NO: _____
REVIEWED FOR COMPLIANCE _____
POST AUDIT _____
C E D   APPROVAL _____

INSTRUCTIONS

Submit form with each payment request package. **This is a request form.** It may be reproduced or computerized by the contractor provided it is an exact reproduction in form and content and in 8 1/2" x 11" size.

1) Payment Request No. - Enter the sequential number of the request package for the contract period and for the index code.

2) Contractor - Enter the Name, address, and telephone number of the entity under contract with CED.

3) Index Code - FAMIS assigned code number for the project, for the contract period. If a contractor is funded by more than one CED fund source, each fund source will have its own number and each requires a separate payment request memo.

4) Check either direct or reimbursement or wire transfer, as applicable. Each type or request requires a separate payment request memo.

5) Total - Enter total amount of all the invoices included in the payment request package.

6) Vendor Invoice - For **operational cost**, enter the vendor billing data. But, in the case of **Payroll Payment Requests:**
   * For Wire Transfers: do not complete items 6 through 8. Write "wire transfer" across those columns;
   * For Payroll Reimbursement: under section 6, Vendor Invoice, enter the amount and write N/A under the name and date.

7) User Code - Enter the applicable numerical User Codes assigned to the CDBG activities listed in the approved budget. Enter one code to each box.

8) Amount - Enter the amount charged to each CDBG activity in the applicable location code column for each invoice included in the payment request package.
   Contractors that use a voucher number system may add this number on the margin for their own reference.

9) Enter the CED Fund source for the program income listed (i.e., CDBG, ESG, SAFAH, GR. MMap, or other that may apply).

Sources
CDBG = Community Development Block Grant
ESG   = Emergency Shelter Grant
SAFAH = Supplemental Assistance to Facilities to Assist Homeless
GR   = General Revenue
MMAP = Metro - Miami Action Plan

Type
NRLF = Non - Revolving Loan Fund
RLF   = Revolving Loan Fund

(10) Do not write in the Reserved for CED section. CED will record this information when the check is issued and return the form to the Contractor for verification purposes.